



**CIRCUIT COURT, JUVENILE DIVISION: DELINQUENCY COVER SHEET (Page 1 of 3)**

**FILING INFORMATION:****Custody Information:****Arrest Information:**

Firearm Used: ☐ Yes ☐ No ☐ Unknown

## DISPOSITION INFORMATION:

**Attorney Information:** Child's Attorney Name: \_\_\_\_\_ ☐ Retained ☐ Public Defender ☐ Appointed

### ***Detention Hearing***

Child's Attorney Present: ☐ Yes ☐ No

Type: ☐ Bench ☐ Plea

Order Date: \_\_\_\_\_

☐ Continue Detention

☐ Release:

<input type="checkbox"/> Personal Recognizance	
<input type="checkbox"/> Parent, Guardian or Custodian	<input type="checkbox"/> Order to Appear
<input type="checkbox"/> Qualified Person or Agency	<input type="checkbox"/> Bond
<input type="checkbox"/> Reasonable Restrictions	<input type="checkbox"/> Other

Clerk's Signature

Date \_\_\_\_\_

**DELINQUENCY COVER SHEET CONTINUED (Page 2 of 3)****Juvenile Name:** \_\_\_\_\_ **Case Number:** JV- \_\_\_\_\_

**Transfer Hearing:** Petition Date: \_\_\_\_\_ Hearing Date: \_\_\_\_\_ Child's Attorney Present: ☐ Yes ☐ No  
Type: ☐ Bench ☐ Plea  
Order Date: \_\_\_\_\_

☐ Transferred to Circuit, Criminal ☐ Transfer Denied ☐ Other \_\_\_\_\_

Clerk's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Adjudication/Disposition Hearing:** Hearing Date: \_\_\_\_\_ Child's Attorney Present: ☐ Yes ☐ No  
Type: ☐ Bench ☐ Plea  
Order Date: \_\_\_\_\_

**Adjudication**☐ Petition Dismissed☐ Adjudicated Delinquent for the Following: (List only if different from arrest information)

1. Code Number \_\_\_\_\_ Type \_\_\_\_\_ Class \_\_\_\_\_ Counts \_\_\_\_\_ Offense Name \_\_\_\_\_  
2. Code Number \_\_\_\_\_ Type \_\_\_\_\_ Class \_\_\_\_\_ Counts \_\_\_\_\_ Offense Name \_\_\_\_\_  
3. Code Number \_\_\_\_\_ Type \_\_\_\_\_ Class \_\_\_\_\_ Counts \_\_\_\_\_ Offense Name \_\_\_\_\_

**Disposition:** Hearing Date: \_\_\_\_\_ Order Date: \_\_\_\_\_  
Type: ☐ Bench ☐ Plea (List dates only if different than dates listed above)

☐ Commit to DYS☐ Placement in: ☐ Juvenile Detention Facility ☐ Home Detention with Electronic Monitoring☐ Grant permanent custody to an individual☐ Transfer custody: ☐ Licensed Agency ☐ Relative ☐ Other☐ Order juvenile to submit to evaluations: ☐ Physical ☐ Psychiatric ☐ Psychological☐ Order family member to submit to evaluations: ☐ Physical ☐ Psychiatric ☐ Psychological☐ Order parent/guardian to attend parent responsibility training program☐ Order parent/guardian to pay juvenile cost of: ☐ Commitment ☐ Detention☐ Order: ☐ Probation: # Months \_\_\_\_\_ ☐ Indeterminate☐ Restitution \$ \_\_\_\_\_ ☐ Public Service: # Hours \_\_\_\_\_☐ Fine \$ \_\_\_\_\_ ☐ Court Costs \$ \_\_\_\_\_ ☐ Other☐ Suspended Driver's License ☐ Order Restricted Driving Permit

Clerk's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Probation Revocation Hearing:** Petition Filing Date: \_\_\_\_\_ Hearing Date: \_\_\_\_\_  
Type: ☐ Bench ☐ Plea

Child's Attorney Present: ☐ Yes ☐ No Order Date: \_\_\_\_\_☐ Extend Probation ☐ Impose Additional Conditions of Probation☐ Enter Delinquency Disposition pursuant to A.C.A. § 9-27-330:☐ Commit to DYS ☐ Placement in: ☐ Juvenile Detention Facility ☐ Home Detention with Electronic Monitoring☐ Transfer Custody: ☐ Licensed Agency ☐ Relative ☐ Other☐ Other delinquency dispositions: \_\_\_\_\_

Clerk's Signature \_\_\_\_\_

Date \_\_\_\_\_

**DELINQUENCY COVER SHEET CONTINUED (Page 3 of 3)**

**Juvenile Name:** \_\_\_\_\_ **Case Number: JV-** \_\_\_\_\_

**Additional Court Action**

Hearing Date: \_\_\_\_\_ Order Date: \_\_\_\_\_

- ☐ Adoption      ☐ Guardianship      ☐ Civil Commitment      ☐ Paternity  
☐ Custody      ☐ Child Support      ☐ IV-D Case (For OCSE use only)

Plaintiff SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

Defendant SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**Family Information:**

☐ There are no children born of the marriage.

Full Name(s) of child(ren): \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

**Payee (Custodial Parent/Other) Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Public Law 104-193 Information:**

<input type="checkbox"/> ( ) Custody Placed With:	<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant	<input type="checkbox"/> Other (Name) _____
<input type="checkbox"/> ( ) Child Support	<input type="checkbox"/> New	<input type="checkbox"/> Modified	<input type="checkbox"/> Terminated
<input type="checkbox"/> ( ) Spousal Support	<input type="checkbox"/> New	<input type="checkbox"/> Modified	<input type="checkbox"/> Terminated
<input type="checkbox"/> ( ) Order of Protection	<input type="checkbox"/> Plaintiff	<input type="checkbox"/> Defendant	<input type="checkbox"/> Child
<input type="checkbox"/> ( ) Income Withholding	Employer _____		
	Address _____		
	Telephone _____		

\_\_\_\_\_  
Clerk's Signature

\_\_\_\_\_  
Date